



Solitary Confinement Transformation Project

Frequently Asked Questions

What is the Solitary Confinement Transformation Project (SCTP)?

The Solitary Confinement Transformation Project is an initiative envisioned and created by the Washington State Department of Corrections to reduce our use of solitary confinement by 90% over the next five years.

What is solitary confinement?

Solitary confinement is the security protocol in which an incarcerated individual is in a single-person cell for more than 20 hours per day- without meaningful human interaction, programming, or congregate opportunities. These conditions exist within restrictive housing areas such as Intensive Management Units (IMUs), Administrative Segregation (AdSeg) Units, Close Observation Areas (COAs), or other isolated settings within prisons.

What is restrictive housing?

Restrictive housing is the physical structure/unit in which individuals who pose a safety concern are housed, separated from the general population. Restrictive housing uses single occupancy cells to separate incarcerated individuals from the general population due to elevated safety and security concerns.

What is Administrative Segregation (Ad Seg)?

Administrative segregation is a temporary process to safely house an individual who possesses a significant risk to the safety and security of staff or other individuals, requests protection or is deemed to require protection, is pending transfer to a more secure facility, possesses a serious escape risk, or is pending investigation for behavior that represents a significant threat. Its purpose is to temporarily remove and individual from the general population until a timely and informed decision can be made about appropriate housing based on behavior.

Does this mean that everyone in solitary confinement is going to general population?

No. Reducing the use of solitary confinement by 90% does not change the housing assignment for individuals who pose a serious threat to others or the safety and security of the facility, but rather the conditions and length of stay an incarcerated individual experiences while separated from the general population.

How are we going to accommodate more out-of-cell time without more staff?

Staffing levels adequate to ensure the safety of staff as the top priority will be an absolute necessity for this initiative to be successful. Secretary Strange has made it clear: this cannot be done without staffing resources and will require support from the legislature to proceed.

What about extremely violent or notorious individuals who live in the restrictive housing for safety?

The focus on safe and humane operations does not exclude extremely violent or notorious people. Significant efforts will be made to improve conditions for all individuals in restrictive housing. However, in some cases some individuals may require limitations to out of cell time to maintain safety based on individually assessed, imminent risk demonstrated by or related to the individual.

Some incarcerated individuals repeatedly return to restrictive housing. What are the intervention strategies planned to reduce future placement in restrictive housing for these individuals?

As part of this initiative, DOC will conduct clinical risk assessments through all custody levels and implement responsive evidence-based programming and Cognitive Behavioral Interventions for those at high risk for placement in restrictive housing. This, combined with alternatives to Administrative Segregation and trimming the length of stay in restrictive housing, will reduce the incidence of placement in restrictive housing, and lower the number of those housed under the conditions of solitary confinement.

What if an incarcerated individual will not come out of their cell?

All incarcerated people will have time out of their cell scheduled, and unless deemed too dangerous, that time will be offered. An incarcerated individual is allowed to refuse time out of cell, but that will be tracked and acceptance of time out of cell will be encouraged. When an individual appearing to require a clinical intervention refuses to leave their cell, it may be necessary to consult a clinician for recommended strategies to arrive at a balanced plan for the person, matching risks and needs with responsive programming and classification. Opportunities for out-of-cell time will continue to be offered, regardless of refusal or amount of time in restrictive housing.

How does this benefit staff?

Prison is an inherently dangerous environment, and restrictive housing is one of the most intense, high-stress and challenging places to work within prisons. Shifting the prison culture in a way that blends rehabilitative practices for individuals, greater positive interactions with staff and lower violence has been shown to create a safer, more positive working environment. DOC recognizes that based on existing research, the average life expectancy for correctional officers is only 59 years of age. By implementing the [Washington Way](#) initiative, the agency is committed to creating a healthier work environment for our staff, more positive interactions with incarcerated individuals, and a better overall work-life balance by reducing the life stressors that our staff experience.

Why are we doing this, anyway?

Solitary confinement has the potential to cause long-lasting harm to some incarcerated individuals. While it can be an effective way to prevent violence, spending prolonged periods under these conditions can have devastating effects on an individual's mental and physical health long after they leave our facilities. In other states under legislative mandates requiring elimination of solitary confinement, the result has been an immediate and significant increase in violence against staff and other incarcerated individuals, creating an environment profoundly detrimental to the safety and security of the entire prison community. The agency is committed to internally developing a proactive approach and providing more safe and humane prison system for all, because it's the right thing to do.

When does more out-of-cell time start, and is it a phased approach?

Some of these initiatives are already under way at certain facilities, while others will require additional funding for staff, programs and new spaces for recreation and programming. Over the next five years, as legislative appropriations are received, DOC will expand its resources and systematically offer more out-of-cell time as it becomes possible. By the end of the five-year period, all in restrictive housing units will have the ability to offer at least four hours out-of-cell for all incarcerated individuals.

Which populations are counted in the 90%? Is it just those in restrictive housing, or those in other areas under the conditions of solitary confinement too?

Solitary confinement protocols only exist within restrictive housing units. Medical units and Close Observation Areas (COAs) are examples of settings that might not typically be considered restrictive housing, but where solitary confinement protocols may apply. In those areas, individuals will continue to be tracked and reported for transparency.

Does SCTP change access to visiting, mail or phone calls between the incarcerated and their families and loved ones?

While in some instances, additional time out-of-cell may create more visitation opportunities, particularly if the agency is appropriated the resources needed to construct additional program space; however, there should be no additional restrictions on these communications and visitation as a result of the SCTP.

What programming is going to be offered?

As part of this initiative, DOC will implement responsive evidence-based programming and Cognitive Behavioral Interventions for those at high risk for placement in restrictive housing in all custody levels.

Where can I find more information on the Solitary Confinement Transformation Project?

Please visit <https://doc.wa.gov/SCTP> to view the entire plan. You may also email questions to DOCSCTP@doc1.wa.gov.